



<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005</b> (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) <b>500862001500</b>																									
Application Number <b>09/657,336</b>		Filed <b>September 7, 2000</b>																									
For <b>LONG LASTING FUSION PEPTIDE INHIBITORS OF VIRAL INFECTION</b>																											
Art Unit <b>1648</b>		Examiner <b>J. Parkin</b>																									
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 40%;"></th><th style="width: 15%; text-align: center;"><u>Fee</u></th><th style="width: 15%; text-align: center;"><u>Small Entity Fee</u></th><th style="width: 30%;"></th></tr></thead><tbody><tr><td><input checked="" type="checkbox"/> <b>One month (37 CFR 1.17(a)(1))</b></td><td style="text-align: center;">\$120</td><td style="text-align: center;">\$60</td><td style="text-align: center;">\$ <b>60.00</b></td></tr><tr><td><input type="checkbox"/> <b>Two months (37 CFR 1.17(a)(2))</b></td><td style="text-align: center;">\$450</td><td style="text-align: center;">\$225</td><td style="text-align: center;">\$</td></tr><tr><td><input type="checkbox"/> <b>Three months (37 CFR 1.17(a)(3))</b></td><td style="text-align: center;">\$1020</td><td style="text-align: center;">\$510</td><td style="text-align: center;">\$</td></tr><tr><td><input type="checkbox"/> <b>Four months (37 CFR 1.17(a)(4))</b></td><td style="text-align: center;">\$1590</td><td style="text-align: center;">\$795</td><td style="text-align: center;">\$</td></tr><tr><td><input type="checkbox"/> <b>Five months (37 CFR 1.17(a)(5))</b></td><td style="text-align: center;">\$2160</td><td style="text-align: center;">\$1080</td><td style="text-align: center;">\$</td></tr></tbody></table> <p><input checked="" type="checkbox"/> <b>Applicant claims small entity status. See 37 CFR 1.27.</b></p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> <b>The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to</b> Deposit Account Number <b>03-1952</b> <span style="float: right;">I have enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.</span></p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> <b>attorney or agent of record. Registration Number</b> <u><b>38,651</b></u></p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div style="width: 45%; text-align: center;"><hr style="width: 80%; margin: 0 auto;"/><p>Signature</p><hr style="width: 80%; margin: 0 auto;"/><p><b>Michael R. Ward</b></p><hr style="width: 80%; margin: 0 auto;"/><p>Typed or printed name</p></div><div style="width: 45%; text-align: center;"><p><b>August 18 2005</b></p><hr style="width: 80%; margin: 0 auto;"/><p>Date</p><hr style="width: 80%; margin: 0 auto;"/><p><b>415/268-6237</b></p><hr style="width: 80%; margin: 0 auto;"/><p>Telephone Number</p></div></div> <p style="font-size: small; margin-top: 10px;">NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input checked="" type="checkbox"/> Total of <u><b>1</b></u> Forms are submitted.</p>					<u>Fee</u>	<u>Small Entity Fee</u>		<input checked="" type="checkbox"/> <b>One month (37 CFR 1.17(a)(1))</b>	\$120	\$60	\$ <b>60.00</b>	<input type="checkbox"/> <b>Two months (37 CFR 1.17(a)(2))</b>	\$450	\$225	\$	<input type="checkbox"/> <b>Three months (37 CFR 1.17(a)(3))</b>	\$1020	\$510	\$	<input type="checkbox"/> <b>Four months (37 CFR 1.17(a)(4))</b>	\$1590	\$795	\$	<input type="checkbox"/> <b>Five months (37 CFR 1.17(a)(5))</b>	\$2160	\$1080	\$
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